			·····································				
	1	33569	Vol. <u>m91</u> Page 1671				
	2	IN THE CIRCUIT COURT OF THE STATE OF OREGON FOR KLAMATH COUNTY					
	3	In the Matter of the Small Estate of MABEL EDITH OBERG,) Case No.9/027GOCV				
	4	DECEASED.	SMALL ESTATE AFFIDAVIT				
	5	STATE OF OREGON)					
) ss County of Klamath)					
	7	I, Helen Owens, make this Affiday:	it nursuant to the				
	8	provisions of ORS 114.505 to 114.560.					
	9	1.					
		The following information is provided about the Decedent:					
1		A. Name: Mabel Edith Oberg	becedent:				
12	-	B. Age: 87 years					
13		C. P.O. Address: 1985 Portland, 1	Klamath Falls OF 07601				
14	l l	C. P.O. Address: 1985 Portland, Klamath Falls, OR 97601. D. Social Security Number: 507-05-1379					
15 16		E. Domicile: 1958 Portland, Klamath Falls, OR 97601.					
		2.					
17		The description of the property of the Decedent and its fair					
18	ma	rket value as of the date of death is a	as follows:				
19	DE:	SCRIPTION:					
20	1.	Real property situated in Klamath Cou	FAIR MARKET VALUE:				
21	Bec	inning on the West line of Ist	incy,				
22	Kla	math County, Oregon 450 fact 2. 14,					
23		the Northwest corner of said Lot A; nce South along the West line of said					
24		A 75 feet; thence East 299.5 feet; nce North 75 feet; thence West 299.5					
25	fee	t to the place of beginning.	\$ 33,880.00				
26	2.	Pacificorp, Common Stock, 308 shares	6,000.00				
27	3.	Klamath First Federal Savings ()	0,000.00				
28	Time Certificate Acct. No. 2208071		5,000.00				
1	SMAL	L ESTATE AFFIDAVIT - Page 1					

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1 3. 2 The Decedent died on June 7, 1991 at Klamath Falls, Oregon. 3 A certified copy of the Death Certificate is attached to this 4 Affidavit. 5 4. 6 Not less than 30 days since the date of death of the Decedent 7 have expired prior to the date of the filing of this Affidavit and 8 no application or petition for the appointment of a Personal 9 Representative has been granted in Oregon. 10 5. 11 The Decedent died Testate. The Decedents Last Will and 12 Testament dated June 29, 1989 is attached hereto. 13 6. 14 The Heir and only Devisee of the Decedent and the last 15 address of said person is as follows: 16 Helen V. Owens, 2127 Arthur, Klamath Falls, OR 97603, Daughter. 17 7. 18 The Decedent's Will provides that the above described devisee 19 is entitled to all of the Decedent's property. 20 8. 21 A copy of this Affidavit and attachments have been mailed to: 22 Adult & Family Services Division 23 Estate Administration Section Salem, OR 97310 24 and also to: 25 Department of Revenue Salem, OR 97310 26 9. 27 A copy of this Affidavit and attachments showing the date of 28

SMALL ESTATE AFFIDAVIT - Page 2

1 filing will be mailed to the heir and devisee named above at said 2 address. 3 10. 4 A copy of the Affidavit showing the date of filing will be 5 recorded in the County where the Decedent's real property is 6 located, to wit, with the County Clerk of Klamath County, Oregon. 7 11. 8 Reasonable efforts have been made to ascertain creditors of 9 the Estate. There are no known claims against the Estate. 10 12. 11 Claims against the Estate not listed in the affidavit or in 12 amounts larger than those listed in the affidavit may be barred 13 unless: 14 A claim is presented to the affiant within four months (a) 15 of the filing of the affidavit at the address stated in the 16 affidavit for presentment of claims; or 17 (b) A personal representative of the estate is appointed 18 within the time allowed under ORS 114.555; 19 20 21 and_sworn to before me this day of August, 1991. 22 23 PEGGY R. REYNOLDS NOTARY PUBLIC - OREGON Notary Public for Oregon My Commission Expires 12-5-92 After Recording Return To: 24 William M. Ganong 25 635 Main Street Klamath Falls, OR 97601 26 Send Tax Statements for the real property described in paragraph 27 2, above, to: Helen V. Owens, 2127 Arthur, Klamath Falls, OR 97603. 28 SMALL ESTATE AFFIDAVIT - Page 3

/		CERTIFICATION OF VITAL RECORD	بير
		087858 OREGON DEPARTMENT OF HUMAN RESOURCES	3-J
Ĩ	NOV NO	ID. TAG NO. HEALTH DIVISION 16714	
		Local File Number CENTIFICATE OF DEATH State File Number	5.92
		ABEL E. OBERG FEMALE JUNE 7, 1991	
		507-05-1329 (VARIS) 87 Mos Days Hours Mins. DBY CUT Louis Or Company Date Of Birth (Monin, Cur, Year)	
	DECEDER	Ves 1 X No Grant Dispatient D DOA VIEW D Nursing Home Decedent's Home (X Other (Security EOCTED House)	hhh
	1	- 1985 PORTLAND - ECONTR CLOSE HOUSE	0000
330	<u>۽ باللہ</u> 2	The DECEDENT'S USUAL OCCURATION COLOR LIND OF BUSINESSANDUSTRY IN MARKET MARKET STATUS Marined 12 SPOUSE (If Marined, Widowen) December 1 and the Concern De	HITTER
	2 3	HOUSEWIFE AT HOME HIDOWED ARNOLD	Annua
(Q 3).	5	OREGONKLAMATHKLAMATH FALLS 2127 ARTHUR	THINK
đ	6	- Lives Xing 97603 Sector and the sector of	THEFT C
	PARENTS	I FATHER NAME III middle last 18 MOTHER - NAME III'ST middle maiden IS INFORMANT NAME and relationship to deceased	(AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
	DISPOSITION	IHOMAS - RANDOLPH EMMA JANE BREWER HELEN OWENS - DAUHGTER 271a METHOD OF DISPOSITION I I MAUNO/AUMO 201b PLACE OF DISPOSITION (Name of complexy, cremelory, or 200c LOCATION City of Town, State 201b PLACE OF DISPOSITION (Name of complexy, cremelory, or 200c LOCATION City of Town, State	mm
	7	Departion 1) Other (Specify) ETERNAL HILLS MEMORIAL GARDENS KLAMATH FALLS, OPEGON	- interior
	8	21- SIGNATURE OF FUNERAL SERVICE LICENSEE OR 216 LICENSEE ON 216 LICENSE NUMBER 22 NAME ADDRESS AND ZIP OF FACILITY PERSON ACTING AS SUCH 101 LICENSE NUMBER 22 NAME ADDRESS AND ZIP OF FACILITY 2021 ETERNAL HILLS FUNERAL HOME	HITT
a	9 Aegistrar	23 DATE FILED (MONIN, Car, Year) 2224 4711 HWY #39/ KLAMATH FALLS, ORE. 97603	nunn
		25 DID HOSPITAL REPRESENTATIVE WAKE REQUEST FOR ANATOMICAL GIFT CONSENT? 26 WAS GIFT WADE?	1000
thurn 計算	()		mim
	10	TO BE COMPLETED BY CERTIFYING PHYSICIAN TO BE COMPLETED DRLY BY MEDICAL EXAMINER	ininii
		- 10:37 DA D Yes & No	mmit
	CERTIFIER	 29 To the basis of inspectation and or investigation, in my opinion destine coursed at the time, date, piece and due ignetication and or investigation, in my opinion destine coursed at the time, date, piece and is due to the cause(s) and manner stated. 32 On the basis of insention and/or investigation, in my opinion destin occurred at the time, date, piece and due to the cause(s) and manner stated. 33 On the basis of insention and/or investigation, in my opinion destin occurred at the time, date, piece and due to the cause(s) and manner stated. 	mm
an mann	12	M DATE SIGNED (Month, Day, Trail)	mmin
	13	M NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)	1
	14	ALDEN B. GLUPENAN MD - 2680 UHRMANN RD - KLAMATH FALLS ORE 97601	mmi
14. AL	IF ANY	S IMMEDIATE CAUSE JENTER ONLY ONE CAUSE PER UNE LODIN IN ANOUS LODING	in the second
	CAUSE STATING THE UNCEPLYING	PART (a) DUE TO, OR AS A COMSEQUENCE OF: DUE TO, OR AS A COMSEQ	
		(b) Ch- nasp talmo and depth Chinese	1-1-1
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ALL S	15	" Conditioning contributing to death but not related to rainte given in PART I of the death? In AUTOPSY 19 H 165 even indings conduced in delateming search of death?	
	16	47 MARMER OF DEATH 418 DATE OF INJURY 410 TIME OF 410 INJURY 410 GENEROL AT WORK AND COURSED	num
	17	XX/(Aluval U Pending Investigation I Undetermined I Undetermined	
	· L	L) Suicide Malaner At PLACE OF INJURY AL home, farm, street, factory, office 411. LOCATION (Street and Number or Rural Route Number, City or Town, State) [] Hominide [] Legal building, etc. (Snerrity)	mm
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		DATE ISSUED_AUG 1 5 1991	
		COUNTY REGISTRAR KLAMATH COUNTY OREGON	
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1, MABEL EDITH OBERG, of Klamath County, Oregon, do hereby make and declare this to be my Last Will and Testament hereby revoking all other and former wills and codicils by me heretofore made.

1.

My birthdate is October 30, 1903 and my Social Security Number is 505-05-1329. I am a Widow. I have one child, Helen Virginia Owens, and two grandchildren: Sharon K. Maloy and Marlys Owens, all of whom are of legal age.

2.

I appoint my daughter, Helen V. Owens, to be the Executrix of this Will. If my said daughter is unable or unwilling to serve then I appoint my granddaughters, Sharon K. Maloy and Marlys Owens, or either of them if one of them is unable or unwilling to assume or complete her duties, to be the Executrices of this Will. They are hereafter sometimes referred to as my Personal Representative and I authorize each of them to serve without bond.

3.

I bequeath and devise all of my Estate unto my daughter Helen V. Owens if she survives me, or in equal shares unto my Grandchildren who survive me with a like equal share, per stirpes, by right of representation unto the Issue who survive me of any of my Grandchildren who may predecease me, if my said daughter predeceases me.

4.

The persons whom I have named herein as my Personal Representative shall have the following powers and authority in addition to those provided by law: To operate and manage any and all business and property belonging to my Estate and any interest therein to the extent of such interest and to continue to operate the same, all at the risk of my Estate, the profits and losses therefrom to inure to or be chargeable to my Estate; to sell, exchange, partition, convey and lease the Estate or any part thereof; provided, however, that said Personal Representative shall have no duty or responsibility to sell,

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change, invest or reinvest any of the assets of my Estate except to the extent that the sale of assets is necessary to pay taxes, claims or expenses of administration, and shall not be held responsible or liable for any loss or depreciation in the value of any property in my Estate; to deposit funds of the Estate in insured checking and savings accounts and certificates of deposit in banks and savings and loan associations authorized to do business within the State of Oregon or in any State in which this Will is probated; to borrow money and to encumber or hypothecate by mortgage, trust deed, pledge, security agreement or otherwise all or any part of the Estate as security therefor; to lend the Personal Representative's own funds to the Estate for the protection thereof or for any other purpose. Said Personal Representative may exercise any and all of such powers or authority without regard to any prescribed statutory procedure and without petition, order, citation, hearing, license, notice of sale, authority or confirmation of any Court. The Personal Representative shall treat all Legatees and Devisees fairly and impartially.

IN WITNESS WHEREOF, I have hereunto set my hand this $\frac{29}{29}$ day of June, 1989.

-Mabel Edith Oberg

The foregoing Instrument was, on the date thereof, signed, published and declared by the said Mabel Edith Oberg as and for her Last Will and Testament in the presence of us, who, at her request and in her presence and in the presence of each other, have hereunto subscribed our names as witnesses thereto.

Marie C. Shoong RESIDING AT KLAMATH FALLS, OREGON

Return: Wm.M. Ganong 292 Main St Klamath Falls, Or. 97601

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STATE OF OREGON) Loundy of Normalin J. J. LYN G. HARDY Clock of the Citcuit Court of the County of Klonicith and the State of Oregan do hardly another that the tunctoring rate has been UNTING STORE OF WEIGHT UN DERENY TENDER NOW DIE DERKENSE FLUE DER NEM by EN compared with the original, and that it is a neutrony of a provident of a by not compared with the original, and that it is a white by the naute of a of the whole of such algorit of the vine approved such as the start of an average of the whole of such algorit of the vine approved such as the start of the such of the

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed fo	r record at request of	Wm. M. Ga	anong		the	21st	dav
of	Aug. A.D., 19	<u>91 at 3</u>	3:30 o'clock	P_M., and du	ily recorded in	Vol. M91	uuy
	of	Deeds		n Page 16711			, '
FEE	\$38.00			Biehn Qauine	County Clerk	k zie	

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